

# **Key Terms**

- Health Information Technology (HIT)
  - Any computer systems and electronic technologies used for health and health care purposes.

#### Common forms of HIT are:

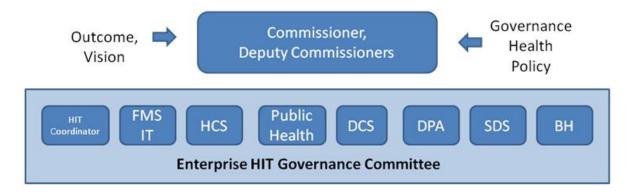
- Electronic Medical Record (EMR)
  - A person's provider specific medical chart in electronic format
- Electronic Health Record (EHR)
  - Captures patient information electronically as related to health care, payment, and wellness; may contain some but not all of the information in an EMR as well as information not found in an EMR
- Health Information Exchange (HIE)
  - An electronic means to share computerized health information, it can take many forms; a portal, network, cloud computing, etc.

# **Statewide HIT Program Goals:**

- Improve access to healthcare services and affordable health insurance coverage.
- Reduce Alaska's medical inflation rate so that it is at least below the national rate, in order to contain cost growth.
- Assure that healthcare services delivered in Alaska meet the highest quality and safety standards
- Focus on prevention, not just clinical preventive services for individuals, but public health. community-based policies and programs, to support improved health status and to control costs by reducing the burden of preventable illness and injury.



### **DHSS HIT Governance**



#### **Enablement**

(BA not System Development)

#### Enterprise (governance of) HIT Investments

- Opportunities
- Issues
- Integration
- Leverage









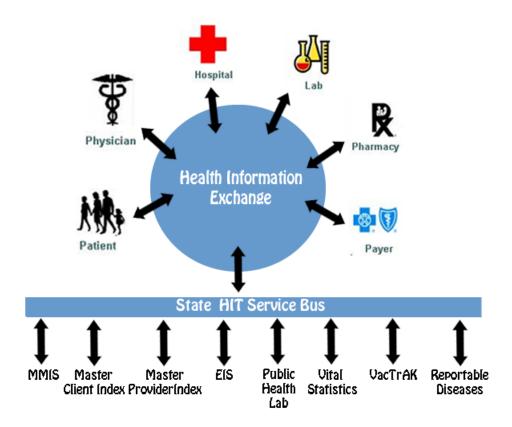








## **Health Information Exchange**





### **HIE Needs**

- Master Client Index (MCI)
  - List of all individuals in the state
- Mater Provider Index (MPI)
  - Entity Level
    - List of all provider groups
  - Individual Level
    - List of all providers
    - Relationships between providers and groups
    - Message destination for each provider at each entity



## **EHR Incentives**

Provider Type	Potentially Eligible (estimate)	Registered with CMS	Registered with State	Attestation Completed
Professionals & Groups	2500	49	36	22
Hospitals	21	5	0	0
Total	2521	54	36	22



# Stage 1 Meaningful Use requirements related to HIE:

- E-prescribing
- Receipt of structured lab results
- Sharing patient care summaries across unaffiliated organizations

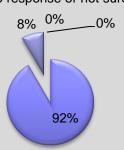




# Eligible Hospitals Clinical Quality Measure Survey Results

### Clinical Lab Test Results

- % Not in use
- % No response or not sure



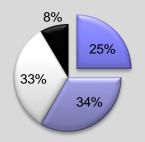
# Summary of Care

- % Not in use
- % No response or not sure



# **Electronic Prescribing**

- % No response or not sure



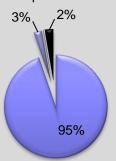




# **Eligible Professionals Clinical Quality Measure Survey Results**

### Clinical Lab Test Results

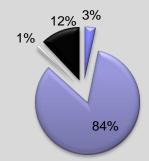
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# Summary of Care

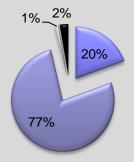
- ■% In Use

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# **Electronic Prescribing**

- % Not In Use
- % No response or not sure



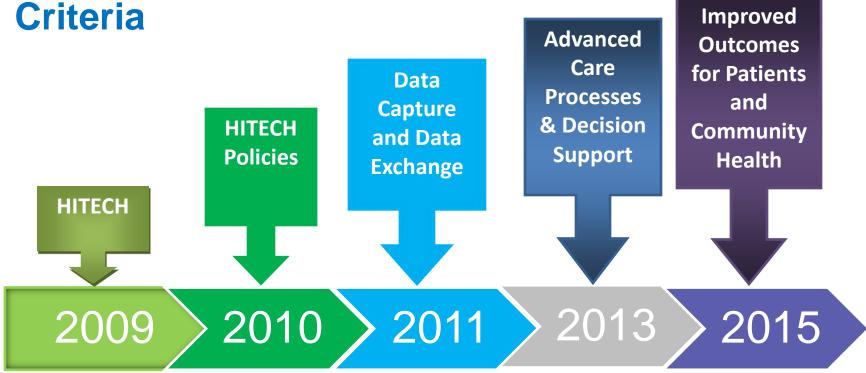


# Meaningful Use

- Set of measures
  - Quality (outcomes)
  - Process (use of best practices/data capture)
  - Capabilities (computerized functions)
- Slightly different measures for hospitals and health professionals
- Providers must attest to and later submit these measures to receive funds



Progression of Meaningful Use





# Stage 1 Objectives and Measures Reporting

- Eligible Professionals must complete:
  - 15 core objectives
    - 5 objectives out of 10 from menu set
  - 6 total Clinical Quality Measures
    (3 core or alternate core, and 3 out of 38 from alternate set)
- Hospitals must complete:
  - 14 core objectives
    - 5 objectives out of 10 from menu set
  - 15 Clinical Quality Measures



### What will the EHR/clinical data be used for

- Promote care coordination with providers?
- Link participants with departments for network of care?
- Use of Evidence based Medicine and Physician Practice guidelines?
- Support population based research and outcomes measurements?
- Improve patient education and follow-up care interventions?
- Any new clinical/quality items that we will want to collect?



### **Barriers**

- Providers
  - Not all providers are eligible for EHR Incentives
  - Not all eligible providers can make the business case to adopt certified EHR's
  - Providers find it difficult to make the business case for ePrescribing
  - Meaningful Use requirements
- State
  - Siloed data in state systems and lack of trust between divisions and departments

